FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D



NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

	<u> </u>							
OMB APPROVAL								
OMB Number Expires: Estimated ave hours per for	erage b	Ap	oril 30 n	, 2008				
SEC USE ONLY								
Prefix				Serial				
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DATE RECEIVED								
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1354316

Name of Offering Offering of limited	(□ check if this is an a		•	dicate change.)		
Filing Under (Check	box(es) that apply):	☐ Rule 504	☐ Rule 505	☑ Rule 506	Section 4(6)	ILOE
Type of Filing:	☐ New Filing		_	- /7		
		A. BASIC	IDENTIFICATI	ON DATA NUV	1 _ 1 ZUU0 //	
1. Enter the inform	nation requested about the	issuer		180	181	
Name of Issuer	check if this is an an	nendment and name h	as changed, and inc	licate change.	<u> 213/%</u>	
Aqueous Master Fi	und, L.P., Series I					
Address of Executiv	e Offices		(Number and Stree	t, City, State, Zip Code)	Téléphone Number (Including Area Code)
c/o Structured Serv 89119	vicing Transactions Grou	ıp, L.L.C., 2215 B Rei		-	(702) 7	40-4245
Address of Principal	Offices		(Number and Stree	t, City, RROCK	SEEphone Number (Including Area Code)
(if different from Exe	cutive Offices)				720	
Brief Description of I	Business: Private Inv	vestment Company		DEC 0 6	2006	
Type of Business Or	rganization		•	HOMS		
••	corporation	☐ limited p	artnership, already t	ormed FINANCE	Ather (please specify)	
	☐ business trust	☐ limited p	artnership, to be for	med A serie	s of Aqueous Master Fu partnership	nd, L.P., a Delaware
			Month	Year		
Actual or Estimated	Date of Incorporation or O	rganization:	0 9	0 5		☐ Estimated
Jurisdiction of Incom	ooration or Organization: (Enter two-letter U.S. F	ostal Service Abbre	viation for State;		-
		Ch	l for Canada; FN for	other foreign jurisdiction	n) DE	

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

		A. BASIC II	DENTIFICATION DATA	4					
 Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. 									
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☑ General and/or Managing Partner				
Full Name (Last name first,	if individual):	Structured Servicing	Transactions Group, L.L.	C.					
Business or Residence Add	ress (Number and	Street, City, State, Zip Coo	le): 2215 B Renaissand	ce Dr., Ste. 5, Las	Vegas, NV 89119				
Check Box(es) that Apply:	☐ Promoter	Beneficial Owner		Director	☐ General and/or Managing Partner				
Full Name (Last name first, i	if individual):	Brownstein, Donald, I							
Business or Residence Add Renaissance Dr., Ste. 5, La			de): c/o Structured Ser	vicing Transaction	ons Group, L.L.C., 2215 B				
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner		Director	General and/or Managing Partner				
Full Name (Last name first, i	if individual):	Russell, Christopher							
Business or Residence Addr Renaissance Dr., Ste. 5, La			ie): c/o Structured Ser	vicing Transaction	ons Group, L.L.C., 2215 B				
Check Box(es) that Apply:	☐ Promoter	⊠ Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner				
Full Name (Last name first, i	if individual):	Aqueous Fund, L.P.,	Series I						
Business or Residence Addr Renaissance Dr., Ste. 5, La			de): c/o Structured Serv	ricing Transaction	ns Group, L.L.C., 2215 B				
Check Box(es) that Apply:	☐ Promoter	☑ Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner				
Full Name (Last name first, i	f individual):	Aqueous Offshore F	und, SPC, Portfolio I						
Business or Residence Adda George Town, Grand Cayn			de): c/o Walkers SPV L	imited, Walkers I	House, PO Box 308GT, Mary Street,				
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner				
Full Name (Last name first, i	f individual):			-					
Business or Residence Addi	ress (Number and	Street, City, State, Zip Coo	le):						
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner				
Full Name (Last name first, i	f individual):								
Business or Residence Addi	ress (Number and	Street, City, State, Zip Coo	de):						
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner				
Full Name (Last name first, i	f individual):								
Business or Residence Adda	ress (Number and	Street, City, State, Zip Coo	le):						
			<u> </u>						

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

	B. INFORMATION ABOUT OFFERING												
1.	Has the iss	uer sold, or	does the is	ssuer inten							•••••	☐ Yes	⊠ No
2.									,000,000* lay be waived				
3.	Does the of	fering perm	it joint own	ership of a	a single un	it?						☑ Yes	s □ No
; ;													
Full N	lame (Last	name first, i	if individua	1)									
Busin	ess or Res	dence Add	ress (Numi	ber and St	reet, City,	State, Zip	Code)						
Name	of Associa	ted Broker	or Dealer				•			<u> </u>			
		Person Liste States" or c											☐ All States
□ [A] 🗆 [AZ]			☐ [CO]					☐ [GA]	□ [HI]	□ [ID]	— · ··· • · · · · ·
[וג] 🔲 [IN	□ [IA]	☐ [KS]	□ [KY]		☐ [ME]	[MD]	☐ [MA]	[MI]	☐ [MN]	☐ [MS]	[MO]	
□ [M	T) 🔲 [NE	[NV] 🔲 [□ [NH]	□ [NJ]	□ [NM]	□ [NY]	☐ [NC]	□ [ND]		□ [OK]	☐ [OR]	[PA]	
□ [R) 🗆 (sc	[SD] 🗆	□ [TN]	□ [TX]			□ [VA]	[AW]	[WV]	□ [W1]	□ [WY]	□ [PR]	
Full N	ame (Last	name first, i	if individual)									
Busin	ess or Res	dence Add	ress (Numt	per and Sti	reet, City,	State, Zip	Code)						
Name	of Associa	ted Broker	or Dealer						,_,				•
		Person Liste States" or c											☐ All States
□ [A			☐ [AR]		•					☐ [GA]	☐ [HI]	[ID]	_
] [IN]	□ {IA}	□ [KS]	□ [KY]	□ [LA]	☐ [ME]	☐ [MD]	☐ [MA]	[Mi]	□ [MN]	☐ [MS]	[MO]	
□ (M	T] [NE] [NV]	□ [NH]	□ [NJ]	□ [NM]	□ [NY]	□ [NC]	□ [ND]	□ [OH]	□ [OK]	[OR]	□ [PA]	
□ [R] 🗆 [sc] (SD)	□ [TN]	□ [TX]		□ [VT]	□ [VA]	□ [WA]	[WV]	□ [WI]	□ [WY]	[PR]	
Full N	ame (Last	name first, i	f individual)									
Busin	ess or Res	dence Addı	ress (Numb	per and Str	eet, City, S	State, Zip	Code)						
Name	of Associa	ted Broker	or Dealer			•							•
	-	Person Liste States" or c											☐ All States
□ [Ai		[AZ]			-					☐ [GA]	[HI]	[ID]	-
	[IN]	□ [IA]	☐ [KS]	□ [KY]	[LA]	☐ [ME]	[MD]	☐ [MA]	[MI]	[MN]	☐ [MS]	[MO]	
[M]	T) [NE] [NV]	□ [NH]	□ [NJ]	□ [NM]	□ [NY]	□ [NC]	□ [ND]		□ (OK)		[PA]	
□ [RI] 🔲 [SC] [SD]	☐ [TN]	□ [TX]		□ [VT]	□ [VA]	□ [WA]	[WV]	□ [WI]	□ [WY]	[PR]	
				(Use bla	nk sheet, o	or copy an	d use addi	tional copi	es of this s	heet, as n	ecessary)		

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.			
	Type of Security	Aggregate Offering Price		Amount Already Sold
	Debt	\$	\$	
	Equity	. \$	\$	
	☐ Common ☐ Preferred			
	Convertible Securities (including warrants)	\$	\$	
	Partnership Interests	\$ 500,000,000	\$	72,954,821
	Other (Specify)		\$	
	Total	\$ 500,000,000	s	72,954,821
	Answer also in Appendix, Column 3, if filing under ULOE	 	-	·
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."			
		Number Investors		Aggregate Dollar Amount of Purchases
	Accredited Investors	2	\$	72,954,821
	Non-accredited Investors		\$	
	Total (for filings under Rule 504 only)		\$	
	Answer also in Appendix, Column 4, if filing under ULOE			
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C—Question 1.			
	Type of Offering	Types of Security		Dollar Amount Sold
	Rule 505	j	\$	N/A
	Regulation A	-	•	N/A
	Rule 504		\$	N/A
	Total		s s	N/A
4.	 a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. 	iva	<u>Ψ</u>	
	Transfer Agent's Fees		\$	
	Printing and Engraving Costs		\$	
	Legal Fees		\$	10,173
	Accounting Fees		\$	
	Engineering Fees		\$.==
	Sales Commissions (specify finders' fees separately)		\$	
	Other Expenses (identify)		\$	
	Total	🛮	\$	10,173

	C. OFFERING PRICE, NUI		LITOLO			<u> </u>
4	b. Enter the difference between the aggregate off Question 1 and total expenses furnished in respons "adjusted gross proceeds to the issuer."	e to Part C-Question 4.a. This diffe	rence is the		<u>.\$</u>	499,989,827
5	Indicate below the amount of the adjusted gross pro used for each of the purposes shown. If the amount estimate and check the box to the left of the estimat the adjusted gross proceeds to the issuer set forth in	for any purpose is not known, furni e. The total of the payments listed r	sh an nust equal	Payments to Officers, Directors & Affiliates		Payments to Others
	Salaries and fees			\$	🗆	\$
	Purchase of real estate			\$	🗆	\$
	Purchase, rental or leasing and installation o	f machinery and equipment		\$	_ □	\$
	Construction or leasing of plant buildings and	facilities		\$	_ □	<u>\$</u>
	Acquisition of other businesses (including the offering that may be used in exchange for the pursuant to a merger	e assets or securities of another issu	uer	\$		<u>\$</u>
	Repayment of indebtedness			\$	🗆	\$
	Working capital			<u> </u>	🛛	\$ 499,989,827
	Other (specify):			\$	_ 🗆	\$
				\$	🗆	\$
	Column Totals			\$	🛛	\$ 499,989,827
	Total payments Listed (column totals added)			⊠ <u>3</u>	499,9	989,827
	-	D. FEDERAL SIGNATU	URE	 -		
co	nis issuer has duly caused this notice to be signed by institutes an undertaking by the issuer to furnish to the the issuer to any non-accredited investor pursuant to	the undersigned duly authorized per	son. If this r			
	suer (Print or Type) queous Master Fund, L.P.	Signature			Date Novemb	ber 17, 2006
	ame of Signer (Print or Type) hristopher Russell	Title of Signer (Print or Type) By Structured Servicing Tra Associates, Managing Mem	ansactions (r, by Upper Shad

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

		E. STATE SIGNATURE	
1.		262 presently subject to any of the disqualification	Yes 🛛 No
		See Appendix, Column 5, for state response.	
2.	The undersigned issuer hereby underta (17 CFR 239.500) at such times as rec	akes to furnish to any state administrator of any state in which this notice is juired by state law.	filed a notice on Form D
3 .	The undersigned issuer hereby underta	akes to furnish to the state administrators, upon written request, information	furnished by the issuer to offerees.
4.		t the issuer is familiar with the conditions that must be satisfied to be entitled this notice is filed and understands that the issuer claiming the availability ave been satisfied.	
	ssuer has read this notification and knows t rized person.	he contents to be true and has duly caused this notice to be signed on its be	ehalf by the undersigned duly
	r (Print or Type)	Signature	NOvember 17, 2006
	e of Signer (Print or Type)	Title of Signer (Print or Type)	1.000000001 17, 2000
	stopher Russell	By Structured Servicing Transactions Group, L.L.C., Gene	eral Partner, by Upper Shad

Associates, Managing Member, by Christopher Russell, COO

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

				AP	PENDIX			·		
1	:	2	3			4				
	to non-a- investors	to sell ccredited s in State - Item 1)	Type of security and aggregate offering price offered in state (Part C – Item 1)		Type of ir amount purc (Part C	ivestor and hased in State – Item 2)		Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E – Item 1)		
State	Yes	No	Limited Partnership Interests	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
AL										
AK										
AZ										
AR										
CA										
со	<u></u>									
СТ										
ĎΕ										
DC				<u>. </u>						
FL										
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LA										
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MA										
MI										
MN										
MS										
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MT										
NE										
NV		х	\$500,000,000	1	\$28,241,919	0	\$0		Х	
NH										
NJ										
NM				-				-		

	• • • • • • • • • • • • • • • • • • • •			AP	PENDIX				
		<u></u>	, , ,						
1	'	2	3			4		5	
	to non-a	in State	Type of security and aggregate offering price offered in state (Part C – Item 1)		Type of investor and Amount purchased in State (Part C – Item 2)				
State	Yes	No	Limited Partnership Interests	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
NY	,								
NC									
ND									
ОН									
ок									
OR									
PA									
RI									
sc									
SD									
TN				· · · · · · · · · · · · · · · · · · ·					,
TX									
UT									
VT									
VA									
WA									
wv									<u> </u>
WI									<u> </u>
WY									
Non		х	\$500,000,000	1	\$44,712,901	0	\$0		x